

**Community Health Endowment of Lincoln  
Grant Contract**

This Grant Contract is made and entered into by and between the Board of Trustees of the Community Health Endowment, a municipal fund of the City of Lincoln, hereinafter referred to as "Sponsor," and **Lincoln-Lancaster County Health Department**, hereinafter referred to as "Grantee."

**WITNESSETH:**

**WHEREAS**, monies in the Community Health Endowment are to be used for the purposes of funding health and health-related programs or projects which further the health, safety or welfare of the citizens of the City of Lincoln (LMC 4.16.005); and

**WHEREAS**, the Sponsor is authorized to review proposals requesting endowment funds to support existing community programs and new, innovative and creative programs which have a strong potential to improve community health and to enter into contracts for the disbursement of budgeted endowment funds to approved programs or projects (LMC 4.16.060); and

**WHEREAS**, Grantee has requested and been approved for endowment funds **to utilize group purchasing power to procure low/no cost diabetic supplies for poor, uninsured, and homeless clients of safety net providers within a project that includes case management and medication reconciliation**;

**NOW, THEREFORE**, in consideration of the mutual covenants herein contained, it is agreed as follows by the parties hereto:

- 1. Purpose.** The purpose of the Grant Contract is to provide a grant of endowment funds in the public interest **to utilize group purchasing power to procure low/no cost diabetic supplies for safety net patients and provide consistent testing, teaching and case management in the community.**

**Evaluation of this project shall include but not be limited to:**

- **Medical Home: 85% of patients served in this project, with a focus on "self pay" admissions to hospitals who are newly diagnosed with diabetes, people who access care at Clinic with a Heart, and people who use the emergency room or call 911 inappropriately, will be connected to a regular source of care by a diabetes professional (e.g. physician, mid-level practitioner, certified diabetes educator, community outreach worker). The current percentage is 70%.**
- **Glucose Testing: 75% of new patients in the project who receive case management services will adhere to the blood glucose testing recommendation of the diabetes professional.**
- **Medication Knowledge: 75% of patients in the project who receive medication reconciliation services from Creighton University/College of Pharmacy students will report an improvement in their ability to identify their medications, store them properly, and understand the effects and side effects of their medication.**
- **Self-Management: 50% of patients in the project who participate in Living Well groups will report an increase in their confidence to perform self-management behaviors (e.g. healthier diet, exercise, stress management/relaxation, use of community resources, and improved communication with diabetes professional).**

2. **Project.** The Grantee agrees that it shall expend the funds granted hereunder only for the purposes authorized in Paragraph 1, above. The Grantee shall make a request to the Sponsor for any programmatic changes and they shall not be effective unless and until approved by the Sponsor.
3. **Grant.** In order to assist Grantee in financing the cost of the project described in Paragraph 2 above, for a period of **January 1, 2014 – December 31, 2016**, the Sponsor shall make a Grant in the amount of **\$60,000** from the Community Health Endowment fund. Payment by the Sponsor is subject to the availability of funds to support this project. In the event funds cease to be available, this grant shall be terminated, or the activities shall be suspended until such funds become available, at the sole discretion of the Sponsor.
4. **Project Budget.** The Grantee shall carry out the project as submitted in the required budget (Attachment) and shall incur obligations against and make disbursements of funds provided hereunder by the Sponsor only in conformity with the project budget as approved by the Sponsor. Said project budget may be revised from time to time, but no budget or revision thereof shall be effective unless and until the same is approved by the Sponsor.
5. **Accounting Procedures and Records.**
  - (a) Grantee shall establish for the project one or more separate accounts which shall be approved by the Sponsor, or its designated representative. Said account or accounts shall be maintained within Grantee's existing accounting system or set up independently. Said accounts are referred to herein collectively as "Project Account."
  - (b) Grantee shall appropriately record in the Project Account, and deposit in a bank or other corporate fiduciary, all grant payments received from the Sponsor pursuant to this Contract.
  - (c) Grantee shall charge to the Project Account all eligible costs of the project in accordance with the project budget. Costs in excess of the latest approved budget or attributable to actions which have not received the required approval of the governing body of the Sponsor shall not be incurred, and Sponsor shall not be liable for any such authorized costs, directly or indirectly;
  - (d) All costs charged to the Project Account shall be supported by properly executed payroll, time records, invoices, contracts, or vouchers evidencing in proper detail the nature and propriety of the charges.
  - (e) Any check or order drawn by Grantee with respect to any item which is or will be chargeable against the Project Account will be drawn only in accordance with a properly signed voucher then on file in the office of Grantee, stating in proper detail the purpose for the such check or order is drawn. All checks, payroll, invoices, contracts, vouchers, orders, or other accounting documents pertaining in whole or in part to the project shall be clearly identified, readily accessible, and to the extent feasible, kept separate and apart from all other documents maintained by Grantee.
6. **Payment of Grant.** Payments made hereunder shall be handled as all other claims against the Sponsor. Grantee shall submit a claim or claims to the Sponsor in accordance with the provisions of the following schedule:

**Year One**

**\$10,000 January 1, 2014**

**\$10,000 July 1, 2014**

**Year Two**

**\$10,000 January 1, 2015**

**\$10,000 July 1, 2015**

**Year Three**

**\$10,000 January 1, 2016**

**\$10,000 July 1, 2016**

7. **Audit and Inspection.** Grantee shall permit and shall require its agents and employees to permit the Sponsor or its authorized representative to inspect all work, materials, payroll, records of personnel, invoices of materials, and other relevant data and records; and to audit the books, records, and accounts of Grantee pertaining to the grant and project provided herein. Grantee shall submit two copies of its annual independent audit to the Sponsor or its designated representative within thirty (30) days of receipt of such audit.
8. **Project Monitor.** The project shall be monitored by the Sponsor through the President/CEO of the Community Health Endowment. Such monitoring may be in writing, by telephone or other electronic communication, or in person. The Sponsor and its designated representative shall be provided such financial and program progress reports as described below:

**Year 1 Reports**

**First Quarter Financial Report**  
**Second Quarter Progress and Financial Report**  
**Third Quarter Financial Report**  
**Final Progress and Financial Report**

**Due Date**

**April 15, 2014**  
**July 15, 2014**  
**October 15, 2014**  
**January 15, 2015**

**Year 2 Reports**

**First Quarter Financial Report**  
**Second Quarter Progress and Financial Report**  
**Third Quarter Financial Report**  
**Final Progress and Financial Report**

**Due Date**

**April 15, 2015**  
**July 15, 2015**  
**October 15, 2015**  
**January 15, 2016**

**Year 3 Reports**

**First Quarter Financial Report**  
**Second Quarter Progress and Financial Report**  
**Third Quarter Financial Report**  
**Final Progress and Financial Report**

**Due Date**

**April 15, 2016**  
**July 15, 2016**  
**October 17, 2016**  
**January 16, 2017**

Based upon these reports and upon her observations of the operation of the project, the President/CEO shall submit reports required by the Sponsor, containing her review of the success of the project. In the event of noncompliance with this Agreement by Grantee, the Project Monitor shall report said noncompliance to the Board of Trustees of the Sponsor.

Upon request, the Grantee agrees to provide Sponsor with access to photographs of project activity. These photographs shall be used, with mutual agreement of the Sponsor and Grantee, to document and publicize project activity.

Upon request, the Grantee agrees to provide the Sponsor with a link to the Grantee website (if one exists), to be posted on the Sponsor website.

9. **Contracts of Grantee.** Grantee shall not execute any contract or obligate itself in any other manner with any third party with respect to the project provided herein without the prior written concurrence of the Sponsor or its designated representative.


10. **Equal Employment Opportunity.** In connection with the carrying out of the project provided herein, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age, or marital status, as defined in Chapter 11.08 of the Lincoln Municipal Code.
11. **Federal Immigration Verification Requirement.** "In accordance with Neb. Rev. Stat. 4-108 through 4-114, **the Grantee agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska.** A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 USC 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A. 1324b. The contractor shall require any subcontractor to comply with the provisions of this section. For information on the E-Verify Program, go to [www.uscis.gov/everify](http://www.uscis.gov/everify)."
12. **Public Benefits Eligibility Status Check.** The Grantee agrees to determine eligibility for and provide a public benefit as public benefit is defined under Neb. Rev. Stat. 4-108 through 4-114. The Grantee shall have each recipient for public benefits attest that he or she is a U.S. citizen or qualified alien. **The Grantee agrees to register and use the SAVE Program as required under Neb. Rev. Stat. 4-108 through 4-114.** If the recipient indicates he or she is an alien, the Grantee shall verify the recipient's lawful presence in the United States as provided under the SAVE Program and retain all documentation and provide copies of such documentation at the City's request. For information on the SAVE program, go to [www.uscis.gov/SAVE](http://www.uscis.gov/SAVE).
13. **Prohibited Interests.** Neither Grantee nor any of its contractors or their subcontractors shall enter into any contract, subcontract, or arrangement in connection with the project provided herein, or any property included or planned to be included in the project in which any officer, agent, or employee of Grantee during his tenure or for one year thereafter has any financial interest, direct or indirect.
14. **Sponsor Not Obligated to Third Parties.** Sponsor shall not be obligated or liable hereunder to any party other than the Grantee. Each party agrees that it will be responsible for their own acts and omissions and the results of their own acts and omissions, and shall not be responsible for the acts of omissions of the other party. Each party agrees to assume all risk and liability for any injury to persons or property resulting in any manner from each party's own acts or omissions related to this agreement, including acts or omissions by each party's own agents or employees related to this agreement. Liability includes any claims, damages, losses, and expenses (including attorneys' fees) arising out of or resulting from performance of this agreement, that results in any claim for damage whatsoever, including any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any resulting loss of use.
15. **Breach or Default by Grantee.** In the event of any breach of default hereunder by Grantee during the term of this Grant Contract in performing the terms and conditions required to Grantee hereunder, then and upon the happening of such event, Sponsor shall give written notice to Grantee of such breach or default, and Grantee shall immediately surrender to Sponsor or its designated representative any balance remaining in the Project Account.

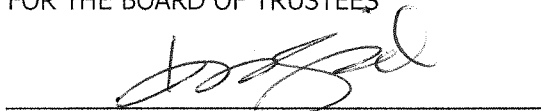
16. **Severability.** If any portion of this Grant Contract is held invalid, the remainder hereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of the applicable law.
17. **Term.** The term of this grant Contract shall be for a period of **January 1, 2014 – December 31, 2016**. Any unencumbered balance remaining in the Project Account upon termination shall be returned to Sponsor.
18. **Capacity.** The undersigned person representing **Lincoln-Lancaster County Health Department** does hereby agree and represent that he or she is legally capable to sign this agreement and to lawfully bind **Lincoln-Lancaster County Health Department** to this agreement.

This agreement shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law.

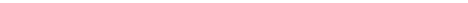
**EXECUTED** in accordance with the Fiscal Policy of the Grantee on this 19 day of Nov, 2013.

**Approved and Agreed:**


  
Kimberly Russell, Chair  
FOR THE BOARD OF TRUSTEES

  
Lori Vrtiska Seibel, President/CEO  
Community Health Endowment

  
Authorized Representative  
Lincoln-Lancaster County Health Department

  
Chris Beutler, Mayor  
City of Lincoln

**Approved as to the Availability of Funds:**

  
Steve Hubka, Director  
City Finance Department

14.102 LLCHD  
Diabetes Support for the Poor Uninsured  
Revised Budget - Year 1

Project Year: 1

|                                     |     | Requested<br>from CHE | % of CHE<br>Budget | Other Cash<br>Committed | Other Cash<br>Anticipated | In-Kind<br>Support | Total<br>Budget |
|-------------------------------------|-----|-----------------------|--------------------|-------------------------|---------------------------|--------------------|-----------------|
| <b>A. Personnel</b>                 |     |                       |                    |                         |                           |                    |                 |
| Salaries (list requested position)  | FTE |                       |                    |                         |                           |                    |                 |
| 1. Diabetes Case Manager (0.75 FTE) |     | \$0                   |                    | \$0                     | \$0                       | \$50,000           | \$50,000        |
| 2.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                     |     |                       |                    |                         |                           |                    |                 |
| Benefits (per requested position)   |     |                       |                    |                         |                           |                    |                 |
| 1.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                     |     |                       |                    |                         |                           |                    |                 |
| <b>Total Personnel</b>              |     | <b>\$0</b>            | <b>0%</b>          | <b>\$0</b>              | <b>\$0</b>                | <b>\$50,000</b>    | <b>\$50,000</b> |
| <b>B. Other Expenses</b>            |     |                       |                    |                         |                           |                    |                 |
| 1. Telephone/Communication          |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2. Postage                          |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3. Office Supplies                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4. Printing/Duplicating             |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5. Educational Materials            |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 6. Travel                           |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 7. Professional Services            |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 8. Rent/Utilities                   |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 9. Medical Supplies                 |     | \$19,000              |                    | \$0                     | \$0                       | \$0                | \$19,000        |
| 10. Equipment                       |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 11. Construction/Renovation         |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 12. In-Direct Costs                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 13. Other (list)                    |     |                       |                    |                         |                           |                    |                 |
| a. Bus Passes                       |     | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| b. Living Well Incentives           |     | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| c.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| d.                                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                     |     |                       |                    |                         |                           |                    |                 |
| <b>Total Other Expenses</b>         |     | <b>\$20,000</b>       | <b>100%</b>        | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$20,000</b> |
|                                     |     |                       |                    |                         |                           |                    |                 |
| <b>TOTAL</b>                        |     | <b>\$20,000</b>       |                    | <b>\$0</b>              | <b>\$0</b>                | <b>\$50,000</b>    | <b>\$70,000</b> |

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Attachment 1

Project Year: 2

|   |            | Requested<br>from CHE | % of CHE<br>Budget | Other Cash<br>Committed | Other Cash<br>Anticipated | In-Kind<br>Support | Total<br>Budget |
|---|------------|-----------------------|--------------------|-------------------------|---------------------------|--------------------|-----------------|
| <b>A. Personnel</b>                       |            |                       |                    |                         |                           |                    |                 |
| <b>Salaries</b> (list requested position) | <b>FTE</b> |                       |                    |                         |                           |                    |                 |
| 1.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|   |            |                       |                    |                         |                           |                    |                 |
| <b>Benefits</b> (per requested position)  |            |                       |                    |                         |                           |                    |                 |
| 1.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|   |            |                       |                    |                         |                           |                    |                 |
| <b>Total Personnel</b>                    |            | <b>\$0</b>            | <b>0%</b>          | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$0</b>      |
| <b>B. Other Expenses</b>                  |            |                       |                    |                         |                           |                    |                 |
| 1. Telephone/Communication                |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2. Postage                                |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3. Office Supplies                        |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4. Printing/Duplicating                   |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5. Educational Materials                  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 6. Travel                                 |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 7. Professional Services                  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 8. Rent/Utilities                         |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 9. Medical Supplies                       |            | \$19,000              |                    | \$0                     | \$0                       | \$0                | \$19,000        |
| 10. Equipment                             |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 11. Construction/Renovation               |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 12. In-Direct Costs                       |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 13. Other (list)                          |            |                       |                    |                         |                           |                    |                 |
| a. Bus Passes                             |            | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| b. Living Well Incentives                 |            | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| c.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| d.  |            | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|   |            |                       |                    |                         |                           |                    |                 |
| <b>Total Other Expenses</b>               |            | <b>\$20,000</b>       | <b>100%</b>        | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$20,000</b> |
|   |            |                       |                    |                         |                           |                    |                 |
| <b>TOTAL</b>                              |            | <b>\$20,000</b>       |                    | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$20,000</b> |

Excel

Project Year: 3

|                                    |     | Requested<br>from CHE | % of CHE<br>Budget | Other Cash<br>Committed | Other Cash<br>Anticipated | In-Kind<br>Support | Total<br>Budget |
|------------------------------------|-----|-----------------------|--------------------|-------------------------|---------------------------|--------------------|-----------------|
| <b>A. Personnel</b>                |     |                       |                    |                         |                           |                    |                 |
| Salaries (list requested position) | FTE |                       |                    |                         |                           |                    |                 |
| 1.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                    |     |                       |                    |                         |                           |                    |                 |
| Benefits (per requested position)  |     |                       |                    |                         |                           |                    |                 |
| 1.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                    |     |                       |                    |                         |                           |                    |                 |
| <b>Total Personnel</b>             |     | <b>\$0</b>            | <b>0%</b>          | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$0</b>      |
| <b>B. Other Expenses</b>           |     |                       |                    |                         |                           |                    |                 |
| 1. Telephone/Communication         |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 2. Postage                         |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 3. Office Supplies                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 4. Printing/Duplicating            |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 5. Educational Materials           |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 6. Travel                          |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 7. Professional Services           |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 8. Rent/Utilities                  |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 9. Medical Supplies                |     | \$19,000              |                    | \$0                     | \$0                       | \$0                | \$19,000        |
| 10. Equipment                      |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 11. Construction/Renovation        |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 12. In-Direct Costs                |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| 13. Other (list)                   |     |                       |                    |                         |                           |                    |                 |
| a. Bus Passes                      |     | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| b. Living Well Incentives          |     | \$500                 |                    | \$0                     | \$0                       | \$0                | \$500           |
| c.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
| d.                                 |     | \$0                   |                    | \$0                     | \$0                       | \$0                | \$0             |
|                                    |     |                       |                    |                         |                           |                    |                 |
| <b>Total Other Expenses</b>        |     | <b>\$20,000</b>       | <b>100%</b>        | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$20,000</b> |
|                                    |     |                       |                    |                         |                           |                    |                 |
| <b>TOTAL</b>                       |     | <b>\$20,000</b>       |                    | <b>\$0</b>              | <b>\$0</b>                | <b>\$0</b>         | <b>\$20,000</b> |

Excel



| Project Objective(s)  | Project Activity/Activities  | Timeline  | Evaluation Plan   |
|---|--|---|---|
| <p>1) Medical Home: New patients in the project, who receive case management services, obtain and maintain a regular source of care with a diabetes professional (e.g. physician, mid-level practitioner, certified diabetes educator, community outreach worker). Focus on 3 specific populations: 1) "self pay" admissions to hospitals who are newly diagnosed with diabetes, 2) people who access care at Clinic with a Heart, and 3) people who use the emergency room or 911 inappropriately.</p> | <p>A) Case manager hired and oriented to key partners from Bryan Medical Center West, Clinic with a Heart, Lincoln ED Connections, Lincoln Fire &amp; Rescue, Lancaster County Medical Society, St. Elizabeth's Regional Medical Center, People's Health Center, Health Hub.</p> <p>B) Existing referral process for glucometer strips changed to include case management services. Partners aware of this service, how to access the service for their patients.</p> <p>C) Individualized plans of care developed with each newly referred patient which identify patient strengths, needs and goals. Home visits by case manager preferred whenever possible.</p> <p>D) Appropriate source of care identified taking into account patient choice, affordability, location, hours of operation and other desired services.</p> <p>E) Case manager negotiates patient's first appointment with patient &amp; identified source of care. Transportation and language needs are addressed. Home visit(s) by case manager preferred before clinical appointment whenever possible.</p> <p>F) As needed &amp; as available, case manager accompanies patient to his/her first appointment with a diabetes professional. Plan of care shared with diabetes professional. Plan for regular communication between patient, case manager and diabetes professional specified.</p> <p>G) Diabetes case manager contacts patient and diabetes professional as specified in patient's plan of care to</p> | <p>1.A) November 1, 2013 and ongoing in monthly meetings of project partners.</p> <p>1.B) December 15, 2013 and ongoing in monthly meetings of project partners.</p> <p>1.C. - 1.G.) January 1, 2014 diabetes case manager open for referrals from project partners. Case manager contacts patients enrolled in the project and the patient's diabetes professional at least monthly.</p> | <p>Medical Home: 85% of patients served in this project will be connected to a regular source of care by a diabetes professional (e.g. physician, mid-level practitioner, certified diabetes educator, community outreach worker). The current percentage is 70%.</p> |

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| <p>2) Glucose Testing: New patients in the project, who receive case management services, adhere to the blood glucose testing recommendation of the diabetes professional.</p> | <p>assure ongoing attendance at recommended appointments. Plan of care is adjusted as needed.</p> <p>A) Baseline measurement of current blood glucose monitoring is obtained by case manager when patient is enrolled in the project. Barriers to testing ascertained and recorded.</p> <p>B) Blood glucose testing recommendations are included in each individualized patient plan of care once patient is established with a medical home/diabetes professional.</p> <p>C) Free or low cost glucometer strips are obtained at Wagey Drug via Community Health Endowment funds.</p> <p>D) Diabetes case manager contacts patient, diabetes professional and Wagey pharmacy as specified in patient's plan of care to ascertain about adherence to recommended testing. Barriers to testing are ascertained, recorded and communicated. Glucometer strips which are ordered but are not picked up are reported by Wagey Drug to the case manager.</p> <p>E) Case manager works with patient, diabetes professionals, Wagey Drug, patient supports and community resources to address barriers to recommended testing. Records progress on plan of care and communicates findings as appropriate.</p> | <p>2.A - 2.E) January 1, 2014 diabetes case manager open for referrals from project partners. Case manager contacts patients enrolled in the project and the patient's diabetes professional at least monthly.</p> | <p>Glucose Testing: 75% of new patients in the project will adhere to the blood glucose testing recommendation of the diabetes professional.</p> |

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| 3) Medication Knowledge: New patients in the project, who receive medication reconciliation services from Creighton University/College of Pharmacy students, report an improvement in their ability to identify their medications, store them properly, and understand the effects and side effects of their medication. | <p>A) Katie Packard PharmD, MS, BCPS, Associate Professor of Pharmacy Practice at Creighton University developed intake &amp; medication review documents for General Assistance patients with chronic disease.</p> <p>B) Creighton University medication reconciliation services for General Assistance patients piloted and interventions and evaluation improved as needed.</p> <p>C) Katie Packard and new case manager work together to develop a referral system for the project's target population, a communication process between the patient, pharmacy student and case manager and an evaluation.</p> <p>D) In the spring semester, Creighton students provide services to patients identified by case manager. Medication reconciliation becomes part of the patient's plan of care as appropriate. Case manager addresses patient barriers to making or keeping appointments with Creighton.</p> <p>E) Pharmacy students/faculty assess patient's ability to identify medications, store them properly, and understanding of effects and side effect.</p> | <p>3.A) July &amp; August 2013.</p> <p>3.B) September 23, 26, 30, October 3, 7, 10, 14, 17, 21, 24, 31, and November 4, 7, 14, 18, 21, and 25.</p> <p>3.C) October &amp; November 2013.</p> <p>3.D) After January 1, 2014.</p> <p>3.E) For each patient after his/her medication reconciliation service has ended.</p> | Medication Knowledge: 75% of patients in the project who receive medication reconciliation services from Creighton University/College of Pharmacy students will report an improvement in their ability to identify their medications, store them properly, and understand the effects and side effects of their medication. |

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| <p>4) Self-Management: New patients in the project, who participate in Living Well groups, report an increase in their confidence to perform self-management behaviors (e.g. healthier diet, exercise, stress management/relaxation, use of community resources, and improved communication with diabetes professional).</p> | <p>A) New case manager works with staff of the Chronic Disease Program of the Lincoln-Lancaster County Health Department to identify appropriate patients for a Living Well groups. Group is scheduled. Patient incentives for participation are developed/obtained.</p> <p>B) Case manager identifies transportation barriers of patient participants. Bus passes obtained.</p> <p>C) Attendance at Living Well classes are included in each individualized patient plan of care.</p> <p>D) After class completion, patient completes evaluation of his/her confidence to perform self-management behaviors.</p> | <p>4.A) Group is planned by March 1, 2014. Living Well classes occur in the spring of 2014.</p> <p>4.B) By March 1, 2014.</p> <p>4.C) As appropriate.</p> <p>4.D) After each individual patient's class completion.</p> | <p>Self-Management: 50% of patients in the project who participate in Living Well groups will report an increase in their confidence to perform self-management behaviors (e.g. healthier diet, exercise, stress management/relaxation, use of community resources, and improved communication with diabetes professional).</p> |